

29 APR 2006

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/564628

FILING DATE

May 2, 2006

CITY, STATE

Austin, TX

ZIP CODE

78756

PHONE NUMBER

(512) 926-0421

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
2		1						52					
3		1						53					
4		3			3			54					
5		3			3			55					
6		3			3			56					
7	1		1		3			57					
8		1			1			58					
9		2			3			59					
10		2			3			60					
11		2			3			61					
12					1			62					
13								63					
14								64					
15								65					
16								66					
17								67					
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42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	2		2										
TOTAL DEP.	18		22										
TOTAL CLAIMS	20		24										

PTO-1140 (REV. 1-1-88)

U.S. DEPARTMENT OF COMMERCE

Best Available Copy